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APPLICANTS

IAN ROSS DOYLE, MARINO, AUSTRALIA;
 ANDREW DAVID BERSTEN, SEACLIFF, AUSTRALIA;
 TERENCE EVAN NICHOLAS, BEDFORD PARK, AUSTRALIA;

**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

AUSTRALIA P08999 09/05/1997
 AUSTRALIA P05062 08/04/1998

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		AUSTRALIA	1	17	8
Verified and Acknowledged	/PATRICIA ANN DUFFY/ Examiner's Signature	Initials				

ADDRESS

KENYON & KENYON LLP
 ONE BROADWAY
 NEW YORK, NY 10004
 UNITED STATES

TITLE

METHOD OF DIAGNOSIS

FILING FEE RECEIVED 1970	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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